## Raytheon

the specification of which

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

Page I of 2

Attorney Docket No. 01 W047

■ Original

Continuation

Division

Continuationin-part

□ Supplemental

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## Multichannel Optical Multiplexing Device Using a Single Light Bandpass Filter

and op-connection	ii or minen			
(check one)		is attached hereto. was filed on supplemental] was amended	as Application No d on or (b) [supplemental] with amer	and (a) [other than adments throughn/a
I hereby state the by any amendn			ts of the above identified specification,	including the claims, as amended
		disclose to the United States Pate itle 37, Code of Federal Regulation	ent and Trademark Office all informations, §1.56.	on known to me to be material to
certificate liste	d below and		d States Code, §119 of any foreign ap- preign application for patent or inventor	
Prior Foreign A	Application(s	)		
				Priority Claimed ☐ Yes ☐ No
1	Number	Country	Day/Month/Year Filed	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing does of the this application:

Application Serial No.	Filing Date	Status
		(patented, pending, abandoned)

## Raytheon

DECLARATION and POWER OF ATTORNEY
Page 2 of 2
Attorney Docket No. 01W047

I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

William C. Schubert
Glenn H. Lenzen, Jr.
Leonard A. Alkov
Colin M. Raufer
Registration No. 29,320
Registration No. 30,021
Registration No. 40,781

Address all correspondence to Intellectual Property & Licensing, Raytheon Company, Bldg. EO/E01 M/S E150, P.O. Box 902, El Segundo, California 90245-0902. Address all telephone calls to William C. Schubert, 805-562-2108.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such false statements may jeopardize the validity of the application or any patent issued thereon.

in the second se								
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE					
Paul LoRegio	Paul Jokes		13-Aug-2001					
RESIDENCE (CITY AND STATE)	CITIZENSHIP							
Penetang, Ontario, Canada	Canadian							
POST OFFICE ADDRESS								
26 Oneida Crescent, RR2, Penetang, Ontario, Canada								
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE					
RESIDENCE (CITY AND STATE)		CITIZENSHIP						
45	Canadian							
POST OFFICE ADDRESS		· · · · · · · · · · · · · · · · · · ·						
**FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE					
RESIDENCE (CITY AND STATE)	CITIZENSHIP							
POST OFFICE ADDRESS								
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE	1,,,,	DATE					
RESIDENCE (CITY AND STATE)	CITIZENSHIP							
POST OFFICE ADDRESS								
FULL NAME OF SOLE OR JOINT INVENTOR	INVENTOR'S SIGNATURE		DATE					
RESIDENCE (CITY AND STATE)	CITIZENSHIP							
POST OFFICE ADDRESS			70					

WCS:RECORD o 202 FRMI PPG:GOG